

Department of Labor and Industries
PO Box 44291
Olympia WA 98504-4291



EMPLOYMENT HISTORY HEARING LOSS

Claim Number

Name

Start date of first employment

Please list any BREAK or INTERRUPTION in your work history. We must account for all months since your FIRST START DATE

From (Month/Year)	To (Month/Year)	Reason for work interruption

Employment History

BEGIN WITH YOUR CURRENT JOB AND LIST ALL PRIOR EMPLOYERS. INCLUDE MILITARY SERVICE.

Please start with your most RECENT job and work BACKWARDS. Specify month and year for employment date

Employer's Business Name	From (Month/Year)	To (Month/Year)
Employer's Address	City	State ZIP + 4
Job Title	Employer's Phone No.	Indicate time exposed to noise in hours per week
Describe job duties, type of machinery, tools, material, equipment used, and percentage of time at duties:		

Were you exposed to loud noise on this job? If yes, please describe the noise source:

☐ Yes ☐ No

Would you describe the noise as continuous? ☐ Yes ☐ No ☐ Or intermittent? ☐ Yes ☐ No

How many hours a day were you exposed to this job noise? _____ hours

☐ What kind of ear protection did you use? ☐ None ☐ ear muffs ☐ plastic ear plugs ☐ foam ear plugs

☐ Other – please specify

☐ Did you have an audiogram while employed by this employer? ☐ Yes ☐ No

Date(s) of audiogram(s)

I certify that the information is true and correct to the best of my knowledge.

Date

Signature